07/19/2011 11:10

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For	Other Than An	Authorized	Committe	e		Office Use Only	У
NAME OF COMMITTEE (in ful		FEC MAILING LA		iple:If typing, the lines	type			
Cooperative of Amer	ican Physician	s IE Committee				1		
ADDRESS (number and s	treet) 33	33 S Hope St 8th Fl	oor					
Check if differe than previously reported. (ACC	ılo	os Angeles				CA	90071	
2. <b>FEC IDENTIFICATI</b>	ON NUMBER	<b>~</b>	CITY 🛋			STATE	ZIPC	ODE 🛕
C00492116			3. IS THIS REPORT	X N	EW J) <b>OR</b>		AMENDED A)	
July 15 Quarterly F October 15	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	(d) 30-Day Post -Elec Report for t	en he: C	J	2C)	Se	(12G) in the State	Special (30S)
5. Covering Period	0 4	28 201		through	0 6	30	2011	]
I certify that I have examin Type or Print Name of Tre	٠.	t and to the best of t	my knowledge an	a belief it is t	rue, correct	and complete	).	
Signature of Treasurer	Electronically	-				pate 0.7		2011
NOTE : Submission of fa	lse, erroneous	, or incomplete infor	mation may subj	ect the perso	n signing thi	s Report to th	1	_
Use							FEC FO	RM 3X

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

1204191.65

FEC Form 3X (Rev. 02/2003)

(c) Total Receipts (from Line 19) .....

Write or Type Committee Name Cooperative of American Physicians IE Committee

<sup>®</sup>D 0 4 28 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 0.00 January 1 (b) Cash on Hand at 1054379.62 Begining of Reporting Period .....

3776.49

(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1058156.11 1204191.65 6(a) and 6(c) for Column B) .....

114488.12 260523.66 Total Disbursements (from Line 31) .....

Cash on Hand at Close of Reporting Period 943667.99 943667.99 (subtract Line 7 from Line 6(d)) .....

9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period:

From:

D D 28

2 0 1 1

-o·

м м 0 6 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	contributions (other than loans) From:		
(8	a) Individuals/Persons Other		
	Than Political Committees	3776.49	1204191.65
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	3776.49	1204191.65
		0.00	0.00
(k	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
(0	d) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry	3776.49	1204191.65
	Totals to Line 33, page 5)	3770.10	1201101.00
<b>у</b> т	ransfers From Affiliated/Other		
	Party Committees	0.00	0.00
3. A	II Loans Received	0.00	0.00
		0.00	0.00
4. L	oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	Refunds, Rebates, etc.)	0.00	0.00
	Carry Totals to Line 37, page 5)		
	o Federal candidates and Other		
-	Political Committees	0.00	0.00
	_		
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
(1	Dividends, interest, etc.)		
. Т	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account	0.00	
	(from Schedule H3)	0.00	0.00
		0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
		0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
_	etal Descints (add Lippe 11/J)		
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	3776.49	1204191.65
17	2, 13, 14, 13, 10, 17, and 10(C))		
. Т	otal Federal Receipts		
	subtract Line 18(c) from Line 19)	3776.49	1204191.65

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4				
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11. Operating Expenditures:		Calonida Tour to Dute				
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating						
Expenditures	58266.12	146109.66				
(c) Total Operating Expenditures	50000.40	110100.00				
(add 21(a)(i), (a)(ii) and (b))	58266.12	146109.66				
Transfers to Affiliated/Other Party     Committees	0.00	0.00				
23. Contributions to	0.00	0.00				
Federal Candidates/Committeesand Other Political Committees	0.00	0.00				
4. Independent Expenditure	E1000.00	100104.00				
(use Schedule E)	51092.00	102184.00				
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00				
(use scriedule F)						
6. Loan Repayments Made	0.00	0.00				
7. Loans Made	0.00	0.00				
28. Refunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00				
	0.00	0.00				
(b) Political Party Committees (c) Other Political Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))	0.00	0.00				
29. Other Disbursements	5130.00	12230.00				
9. Other bisbursements	0100.00	12230.00				
0. Federal Election Activity (2 U.S.C 431(20))						
(a) Shared Federal Election Activity						
(from Schedule H6) (i) Federal Share	0.00	0.00				
(1) 1 646141 611416	2.22					
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely	0.00	0.00				
With Federal Funds						
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
31. Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	114488.12	260523.66				
32. Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	114488.12	260523.66				
11011 LITIO 01)	117700.12	200020.00				

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	3776.49	1204191.65
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3776.49	1204191.65
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	58266.12	146109.66
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	58266.12	146109.66

FE6AN026

# SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information popied from such Penerte and S	ttatamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Cooperative of American Physicians II	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Flo	por		Date of Receipt
	City Los Angeles	State CA	Zip Code 90071	Transaction ID: 11AI-8  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		551.00 In-Kind: Legal & Acctg Se-
	Name of Employer  Receipt For: 2011  Primary General  X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date ▼ 1204191.65	rvices
В.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians  Mailing Address 333 S Hope St 8th Flo		Date of Receipt  0 5 0 1 2 0 1 1	
	City	State	Zip Code	Transaction ID: 11AI-11
	Los Angeles  FEC ID number of contributing federal political committee.	CA	90071	Amount of Each Receipt this Period  1079.49  In-Kind: Time of 2 Employ-
	Name of Employer  Receipt For: 2011  Primary General  X Other (specify) ▼ Calendar Year	Aggregate Aggregate	e Year-to-Date ▼ 1204191.65	ees
C.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Flo	oor		Date of Receipt    M
	City	State	Zip Code	Transaction ID: 11AI-9
	Los Angeles  FEC ID number of contributing federal political committee.	CA	90071	Amount of Each Receipt this Period
	Name of Employer	Occupation	on	In-Kind: Legal & Acctg Services
	Receipt For: 2011  Primary General  X Other (specify) ▼ Calendar Year			
	SUBTOTAL of Receipts This Page (optional)	1		2881.49
F	TOTAL This Period (last page this line number	only)		

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

Other (specify) 

Calendar Year

PAGE 7/15 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee Full Name (Last, First, Middle Initial) Cooperative of American Physicians Date of Receipt Mailing Address 333 S Hope St 8th Floor 06 20 2011 City State Zip Code Transaction ID: 11AI-10 Los Angeles CA 90071 Amount of Each Receipt this Period FEC ID number of contributing C 895.00 federal political committee. In-Kind: Legal & Acctg Se-Name of Employer Occupation rvices Receipt For: 2011 Aggregate Year-to-Date Primary General

1204191.65

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	895.00
TOTAL This Period (last page this line number only)	•	3776.49

В.

C.

SCHEDULE B (FEC Form 3X)	Lico coporato cobadula(a)	shedule(a) FOR LINE NUMBER: PAGE 8/15						5						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	- · -		0.4		0.5							
	Detailed Summary Page	X 21b 27	22 23 28a 28b	$\square$	24 28c	Н	25 29	26 30b						
Any Information copied from such Reports and Staten	nents may not be sold or used by					ntrib								
or for commercial purposes, other than using the nam	e and address of any political co	mmittee to sol	icit contributions	from su	ıch c	omn	nittee							
NAME OF COMMITTEE (In Full)														
Cooperative of American Physicians IE Co	ommittee													
Full Name (Last, First, Middle Initial)			Transaction I			N								
Cooperative of American Physicians	operative of American Physicians						sement							
Mailing Address 333 S Hope St 8th Floor			$\begin{bmatrix} M & M & M \\ 0 & 4 & M \end{bmatrix}$ $\begin{bmatrix} D & D & B \\ 2 & 8 & M \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$											
City Los Angeles	State Zip Code CA 90071		Amount of Ea	ch Disb	urse	men	this F	Period						
Purpose of Disbursement In-Kind: Legal & Acctg Services	Г	•				5	51.00							
Candidate Name		Category/ Type												
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	1,750												
State: District:	Carial (cpcc)/													
Full Name (Last, First, Middle Initial)			Transaction I	<b>D</b> : 21	B-1	1-N								
Cooperative of American Physicians			Date of Disbu		t	, V		V						
Mailing Address 333 S Hope St 8th Floor			05 0 1 7 2 0											
City	State Zip Code		Amount of Ea	ursei	ement this Period									
Los Angeles Purpose of Disbursement	CA 90071			·										
In-Kind: Time of 2 Employees					0	-	79.49	-						
Candidate Name		Category/ Type												
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼													
State: District:														
Full Name (Last, First, Middle Initial) Cooperative of American Physicians			<b>Transaction I</b> Date of Disbu		_	·N								
Mailing Address 333 S Hope St 8th Floor			05 /	13	/ Y	ž	0 1 1	Y						
City Los Angeles	State Zip Code CA 90071		Amount of Ea	ch Disb	urse	nen	this F	Period						
Purpose of Disbursement In-Kind: Legal & Acctg Services					_	12	51.00							
Candidate Name	C	Category/ Type												
Office Sought:    House   Disburse     Senate   President     State: District:	ement For: Primary General Other (specify)													
SUBTOTAL of Disbursements This Page (optional)		▶				288	31.49							
TOTAL This Period (last page this line number only)														

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedu	ule(s)		FOR LIN			R: PAGE 9/15					5							
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary P		1	21b 27		22 28a	П	23 28b	24 28	, F	25 29	Н	26 30b						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												S							
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Co	mmittee																		
Full Name (Last, First, Middle Initial) Cooperative of American Physicians  Mailing Address 333 S Hope St 8th Floor					Transaction ID: 21B-10-N Date of Disbursement  O 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y														
,	State Zip Code CA 90071					Amou	nt o	f Each	n Disbur	semer	nt this	Perio	'eriod						
Purpose of Disbursement In-Kind: Legal & Acctg Services Candidate Name				egory/		L.	•	•		8	395.0	ָ <u></u>							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Gen Other (specify)	ueral		уре															
Full Name (Last, First, Middle Initial) Craig Brown Governmental Relations  Mailing Address 1121 L Street, #103					Transaction ID: 21B-24 Date of Disbursement  M 5 M / D D D / Y Y O D D O D O D O D O D O D O D O D O							) 1 1 Y							
,	State Zip Code CA 95814				Amount of Each Disbursement this Period														
Purpose of Disbursement Consultant: CA Public Policy Candidate Name			Cate	01 egory/						50	000.0	ָ <u></u>							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Gen Other (specify)	eral	13	ype															
Full Name (Last, First, Middle Initial) Craig Brown Governmental Relations						Date o		sburs	: 21B-		W * W	V							
Mailing Address 1121 L Street, #103						0 6	IVI	<u> </u>	06	, 2	ž o ť	1							
Sacramento Purpose of Disbursement	State Zip Code CA 95814	Tr		04		Amou	nt o	f Each	n Disbur		nt this		d						
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Senate President	ment For: Primary Gen Other (specify)	eral																	
State: District:						_							_						
SUBTOTAL of Disbursements This Page (optional) .				. •						108	95.0	)							

TOTAL This Period (last page this line number only) .....

В.

C.

SCHEDULE B (FEC Fo			arate schedule(s)			OR LIN			PAGE 10 / 15					15						
ITEMIZED DISBURSEN	MENTS		category of the Summary Page		X	_		22 28a	П	23 28b	24 28c	F	25 29	$\frac{2}{3}$	6 0b					
Any Information copied from such Roor for commercial purposes, other th						y persor		the pu		se of s	oliciting c		outions							
NAME OF COMMITTEE (In Full												-								
Cooperative of American Ph	•	mmittee																		
Full Name (Last, First, Middle Ini Craig Brown Governmental	*									on ID:	21B-3	5								
Mailing Address 1121 L St	reet, #103							0 <sup>M</sup> 6	М	1	5 /	2011								
City Sacramento		State CA	Zip Code 95814					Amou	int o	f Each	Disburse	men	t this f	s Period						
Purpose of Disbursement Consultant: CA Public Policy		<u> </u>	33014		0	01						50	00.00							
Candidate Name				Ca	ate	egory/ vpe														
Office Sought: House Senate President State: District:		ement For: Primary Other (spe	General ecify) ▼																	
Full Name (Last, First, Middle Ini	tial)							Trono	ooti	on ID:	21B-2				—					
Global Strategy Group LLC	,							Date of		isburse	ement	ent								
Mailing Address 895 Broad	dway, 5th Floor						05 M / 0 2 / Y 2 0						011	0 1 1 <sup>Y</sup>						
City New York		State NY	Zip Code 10003					Amou	int o	f Each	Disburse	ement this Period								
Purpose of Disbursement Polling					0(	05						215	00.00							
Candidate Name						egory/ vpe														
Office Sought: House Senate President		ement For: Primary Other (spe	General <b>▼</b>																	
State: District:  Full Name (Last, First, Middle Ini	tial)										0.4 D. 0									
Holland & Knight LLP	iidi)							Date of		isburs				V						
Mailing Address Post Offic	e Box 864084							0 5	IVI	<sup>′</sup>	4	Ź	0 1 1	Ť						
City Orlando		State FL	Zip Code 32886					Amou	int o	f Each	Disburse	-			_					
Purpose of Disbursement Consultant: Federal Public Policy	/				Ō(	01		L.	_			50	43.04							
Candidate Name						egory/ vpe														
Office Sought: House Senate President		ement For: Primary Other (spe	General	_																
State: District:			• •																	
SUBTOTAL of Disbursements This	s Page (optional)									•		315	43.04							

TOTAL This Period (last page this line number only) ......

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C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			R LIN	JMBE	R:		PA	GE	11 /	15							
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	21b 27	22 28a	П	23 28b		24 28c		25 29	$\longrightarrow$	26 30b					
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													5						
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Co	mmittee																		
Full Name (Last, First, Middle Initial) Holland & Knight LLP Mailing Address Post Office Box 864084						Trans Date o		sburs	_			0 1 1	Y						
•	State FL	Zip Code 32886				Amou	nt o	Each	ı Dis	sburse	men	t this F	Period						
Purpose of Disbursement Consultant: Federal Public Policy Candidate Name		02300	Ca	001 itego Type	ory/		•	^			51	88.28							
Senate President State: District:	ment For: Primary Other (spe	General cify) ▼																	
Full Name (Last, First, Middle Initial) Holland & Knight LLP  Mailing Address Post Office Box 864084						Trans Date of		sburs		_		0 1 1	Y						
•	State FL	Zip Code 32886				Amou	nt o	Each	n Dis	sburse	men	t this F	Period	d					
Purpose of Disbursement Consultant: Federal Public Policy Candidate Name			Ca	001 itego	ory/			•			53	06.78							
Office Sought:  Senate President State:  Disburse	ment For: Primary Other (spe	General cify) ▼																	
Full Name (Last, First, Middle Initial)  A. Peter Kezirian						<b>Trans</b> Date o	of Di	sburs	eme										
Mailing Address 333 South Hope Street, 8	th Floor					0 5	М	D C	9	/ Y	ž	0 1 1	Y						
Los Angeles	State CA	Zip Code 90071				Amou	nt o	Each	n Dis	sburse	-	t this F		d D					
Purpose of Disbursement Event Expense Candidate Name			Ca	001 itego Type	ory/			•		•		00.00							
Senate President	ment For: Primary Other (spe	General cify) ▼																	
State: District:  SUBTOTAL of Disbursements This Page (optional) .					•		•	•		1	079	95.06							

TOTAL This Period (last page this line number only) ......

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			-	LINE NUMBER: PAGE 12/15 conly one)							15						
ITEMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27		22 28a	Н	23 28b		24 28c	Н	25 29		26 30b				
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name														5					
NAME OF COMMITTEE (In Full)																			
Cooperative of American Physicians IE Cor	mmittee																		
Full Name (Last, First, Middle Initial)  A. Peter Kezirian					Transaction ID: 21B-27 Date of Disbursement														
Mailing Address 333 South Hope Street, 8	th Floor						0 <sup>M</sup> 6	М	<sup>′</sup>	6	/ Y	2011							
,	State CA	Zip Code 90071					Amou	nt o	f Each	Dis	burser	-		Period					
Purpose of Disbursement									_	_		11	51.53	3					
Airfare, logding, transportation, meals  Candidate Name			Ca	ate	egory/ pe														
Office Sought:  Senate President State:  Disburser	ment For: Primary Other (spe	General ecify) ▼																	
Full Name (Last, First, Middle Initial)							Trans	aoti	ion ID:	. o	10.00								
The Venetian Hotel						Transaction ID: 21B-28-S Date of Disbursement													
Mailing Address 3355 Las Vegas Blvd. So						06 / 06 / 2011						1 Y							
•	State CA	Zip Code 89109				Amount of Each Disbursement					t this Period								
Purpose of Disbursement Lodging			Г	0	02							3	99.15	5					
Candidate Name					egory/ /pe	١.			TE 841	ı									
Office Sought: House Senate President State: District:	ment For: Primary Other (spe	General ♥					[ <b>MEM</b> SUBV irian		_	•	A. Pe	ter l	Kez-						
Full Name (Last, First, Middle Initial)							T		ID.		1D 00								
Southwest Airlines							Date	of D	ion ID:	eme			. V.	V					
Mailing Address 2702 Love Field Dr							0 <sup>M</sup> 6	М	/ D 1	6	/ Y	ž	0 Ť	l <sup>Y</sup>					
	State TX	Zip Code 75235					Amou	nt o	f Each	Dis	burser	-			od				
Purpose of Disbursement Airfare			Г	0	02		L.	_				3	75.40	)					
Candidate Name					egory/ /pe	١.			T-141										
Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General ecify) ▼				SUBVENDOR to A. Peter Kezirian													
State: District:		-, <b>.</b>																	
SUBTOTAL of Disbursements This Page (optional)												115	51.53	3					

TOTAL This Period (last page this line number only) .....

	CHEDULE B (FEC Form 3X EMIZED DISBURSEMENTS	Use separate schedule(s)		PAGE 13 / 15  23
	/ Information copied from such Reports and or commercial purposes, other than using t			
$\rangle$	NAME OF COMMITTEE (In Full) Cooperative of American Physicians	s IE Committee		
	Full Name (Last, First, Middle Initial) David B Sievers, MD  Mailing Address 18370 Burbank BI	vd. #607		on ID: 21B-34 abursement
	City Tarzana Purpose of Disbursement Membership Organization Dues	State Zip Code CA 91356	001	Each Disbursement this Period
	Office Sought: House Senate President	Disbursement For:  Primary  General  Other (specify)	ategory/ Type	
	State: District:	care (epselly) •		

		1000.00
SUBTOTAL of Disbursements This Page (optional)		1000.00
TOTAL This Period (last page this line number only)	•	58266.12

В.

COLLEGE DATE OF COL			
SCHEDULE B (FEC Form 3X)	IZFD DISBURSEMENTS  Use separate schedule(s) for each category of the		NUMBER: PAGE 14/15
ITEMIZED DISBURSEMENTS		(check only	
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name	and address of any political	committee to so	olicit contributions from such committee
NAME OF COMMITTEE (In Full)			
Cooperative of American Physicians IE Co	mmittee		
/			
Full Name (Last, First, Middle Initial)			Transaction ID: 29-30
A. Peter Kezirian			Date of Disbursement
			05
Mailing Address 333 South Hope Street, 8	th Floor		05 17 2011
0''			
7	State Zip Code CA 90071		Amount of Each Disbursement this Period
	UA 90071		130.00
Purpose of Disbursement		0.10	130.00
Civic Organization Donation		012	
Candidate Name		Category/	
		Туре	
	ment For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: 29-33
Physician Insurers Assn of America (PIAA)			Date of Disbursement
M.W. All			0 6 1 3 Y Y Y Y Y Y
Mailing Address 2275 Research Blvd., #29	00		00 13 2011
City	State Zip Code		Amount of Each Disbursement this Period
	MD 20850		Attribute of East Biobardonient and Forted
Purpose of Disbursement			5000.00
Association Contribution		012	
Candidate Name		Category/	
		Type	
Office Sought: House Disburse	ment For:	71	
Senate	Primary General		
President	Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	5130.00
TOTAL This Period (last page this line number only)	<b>•</b>	5130.00

State:

District:

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 15/15				
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X				
Cooperative of American Physicians IE Committee	FEC IDENTIFICATION NUMBER ▼ C C00492116				
Check if 24-hour notice 48-hour notice	000432110				
	ate				
-   -   -   -   -   -   -   -   -   -	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	Amount				
1730 M Street, NW Suite 1010	25546.00				
City State Zip Code -	ransaction ID: E-21				
Washington DC 20036 Of	fice Sought: X House State: CA				
Purpose of Expenditure Mailing  Category/ Type  011	Senate District: 36 Presidential				
Name of Federal Candidate supported or Opposed by expenditure:  Janice Hahn	eck One: X Support Oppose				
	sbursement For: Primary General				
Calendar Year-To-Date Per Election	X Other (specify) : Special				
for Office Sought	2011				
Tor Office Sought					
Full Name (Last, First, Middle, Initial) of Payee	ate				
Kennedy Communications, Inc.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	Amount				
1730 M Street, NW Suite 1010	25546.00 (ransaction ID: E-23				
City State Zip Code					
Tablington Bo 2000	fice Sought: X House State: CA Senate District: 36				
Purpose of Expenditure  Mailing  Category/ 011	Presidential				
Mailing Salegary, Type 011	_				
Name of Federal Candidate supported or Opposed by expenditure:	eck One: X Support Oppose				
Janice Hahn					
Dis	Sbursement For: Primary General  Other (specify) - Special				
Calendar Year-To-Date Per Election 102184.00	Other (specify) : Special 2011				
for Office Sought	2011				
(a) SUBTOTAL of Itemized Independent Expenditures	51092.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	51092.00				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	30 Y Y Y Y Y 2 2 0 1 1				